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Fax: 610-407-0701



Nemours Building  
1007 Orange Street, Suite 1100  
P.O. Box 1596  
Wilmington, DE 19899  
Phone: 302-778-2500  
Fax: 302-778-2600  
[www.ratnerprestia.com](http://www.ratnerprestia.com)



Suite 265  
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Allentown, PA 18104  
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Fax: 610-530-8200

**FAX FILING IN U.S. PATENT & TRADEMARK OFFICE**DATE: May 11, 2007

TIME: \_\_\_\_\_

TO: Commissioner for Patents, Mail Stop Amendment FAX NO.: 571-273-8300

FROM: Lawrence E. Ashery

ADMIN. ASST.: Kathleen Spina

APPLN. NO.: 10/604,025

ATTY. DOCKET NO.: FIS920030111

TITLE OF APPLN.: DATA TRANSCEIVER AND METHOD FOR EQUALIZING THE DATA EYE OF A  
DIFFERENTIAL INPUT DATA SIGNAL

FILING DATE: June, 23, 2003

ART UNIT: 2611

FIRST INVENTOR: 1024

CONF. NO.: 1024

TITLE OF DOCUMENT (and List of Attachments): Amendment Response

Transmittal Sheet (1pg); Fee Transmittal Sheet (1 & 1 copy (2pgs.)); PTO-2038 (1 pg.) Amendment (15  
pgs.).Total Number of Pages: 20 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

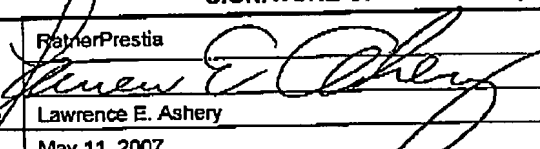
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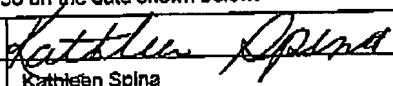
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/604,025	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>MAY 11 2007</b>
	Filing Date	June, 23, 2003	
	First Named Inventor	Hibourahima Camara	
	Art Unit	2611	
	Examiner Name	Eva Y. Zheng	
Total Number of Pages in This Submission 20	Attorney Docket No.	FIS920030111	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-FAX COVER SHEET; PTO-2038.
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature			
Printed Name	Lawrence E. Ashery		
Date	May 11, 2007	Registration No.	34,515

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to 571-273-8300 the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature		Date	May 11, 2007
Typed or Printed Name	Kathleen Spina		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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Effective on 12/08/04.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400.00

## Complete if Known

Application Number	10/604,025
Filing Date	June, 23, 2003
First Named Inventor	Hibourahima Camara
Examiner Name	Eva Y. Zheng
Art Unit	2611
Attorney Docket No.	FIS920030111

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MAY 11 2007

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues) Small Entity  
Fee (\$) 50 Fee (\$) 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
8	- 20 or HP =	0	x 0 =	0		
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
5	- 3 or HP =	2	x 200 =	400		
HP = highest number of independent claims paid for, if greater than 3						

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	- 100 =	— / 50 =	— (round up to a whole number) x	—

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

## SUBMITTED BY

Signature

Name (Print/Type)

Lawrence E. Ashery

Registration No. Attorney/Agent

34,515

Telephone

Complete (if applicable)

610-407-0700

Date

May 11, 2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 (1-800-786-9198) and select option 2.

Effective on 12/08/04.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

## **For FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 400.00

### **Complete if Known**

Application Number 10/604,025  
Filing Date June, 23, 2003  
First Named Inventor Hibourahima Camara  
Examiner Name Eva Y. Zheng  
Art Unit 2611  
Attorney Docket No. FIS920030111

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**MAY 11 2007**

### **METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

#### **2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
8	20 or HP = 0	0	0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
5	3 or HP = 2	200	400			
HP = highest number of independent claims paid for, if greater than 3						

#### **3. APPLICATION SIZE FEE**

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	150	(round up to a whole number)	x	

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge):

SUBMITTED BY		Complete (if applicable)	
Signature	Registration No. Attorney/Agent	Telephone	610-407-0700
Name (Print/Type)	Lawrence E. Ashery	Date	May 11, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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May-11-2007 16:08 From-RatnerPrestita P.C.  
Appln. No.: 10/604,025  
Amendment Dated May 11, 2007  
Reply to Office Action of March 20, 2007

610-407-0701

T-029 P.006/020 F-775

FIS920030111

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No: 10/604,025  
Applicants: Hibourahima Camara et al.  
Filed: June, 23, 2003  
Title: DATA TRANSCIVER AND METHOD FOR EQUALIZING THE DATA EYE OF A DIFFERENTIAL  
INPUT DATA SIGNAL  
T.C./A.U.: 2611  
Examiner: Eva Y. Zheng  
Confirmation No.: 1024  
Docket No.: FIS920030111

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated March 20, 2007, please amend the above-identified application as follows:

- ☐ Amendments to the Specification begin on page \_\_\_\_ of this paper.
- ☒ Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.
- ☐ Amendments to the Drawings begin on page \_\_\_\_ of this paper and include an attached replacement sheet(s).
- ☐ Amendments to the Abstract are on page \_\_\_\_ of this paper. A clean version of the Abstract is on page \_\_\_\_ of this paper.
- ☒ Remarks/Arguments begin on page 15 of this paper.

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